SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT NATIONAL ADVISORY COUNCIL

Friday,
June 23, 2006

Video Teleconference Room L-1057
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland

IN ATTENDANCE:

Chair

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Executive Secretary

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C O N T E N T S

P R O C E E D I N G S (11:38 a.m.)

DR. CLARK: This is the open session of the 46th meeting of the CSAT National Council. It is called to order.

I'd like you to know that since this is a teleconference meeting, the possibility exists for minor interruptions if others decide to join the meeting. To those of you who may be joining the meeting for the first time, good morning and welcome to the open session of the 46th meeting of the CSAT National Advisory Council.

Due to a scheduling conflict, we had to reschedule our original face-to-face meeting to a teleconference meeting. We thought that since we had not met with you since February, we should provide you with a brief update on some of the activities that have been going on within CSAT and SAMHSA since we last met.

Our very first item of business, of course, is role call. Please respond when your name is called.

Anita Bertrand?

MS. BERTRAND: I'm present.

DR. CLARK: Bettye Ward Fletcher?

DR. FLETCHER: Present.

DR. CLARK: Ken DeCerchio?

MR. DeCERCHIO: Present.

DR. CLARK: Melody Heaps?

MS. HEAPS: Present.
DR. CLARK: Val Jackson?
MS. JACKSON: Present.
DR. CLARK: Chilo Madrid?
MR. MADRID: Present.
DR. CLARK: Frank McCorry?
MR. McCORRY: Present.
DR. CLARK: Dave Peterson?
MR. PETERSON: Present.
DR. CLARK: And Judge Eugene White-Fish?
PARTICIPANT: He had to sign off.
DR. CLARK: He had to sign off. All right. And Eric Voth also signed off, obviously. That's still enough for a quorum.

We're delighted to have each of you with us today. We are especially delighted that Mr. David Peterson, our veteran member, is able to participate in this meeting. Dave's term actually ended in November of 2005. However, Dave will be with us until his successor's appointment is finalized.

So Dave, you are still a member of the council, and we are happy to have you participate in this meeting today.

MR. PETERSON: Thank you.
DR. CLARK: We want to officially thank you for

your valuable input and contributions to CSAT and CSAT's advisory council. You will be receiving a certificate of appreciation signed by Mr. Curie and myself which reads, "With appreciation for your outstanding tenure on the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment National Advisory Council, and gratitude for your tireless effort, support, advice, and insights to the benefit of SAMHSA, the Department of Health and Human Services, and people we serve."

Again, we thank you.

The floor is now open to vote on the minutes from the February 2nd and 3rd NAC meeting. I'll entertain a motion to adopt the minutes.

PARTICIPANT: So moved.

DR. CLARK: Is there any discussion?

(No response.)

DR. CLARK: May I get a vote? All those in favor?

(Chorus of ayes.)

DR. CLARK: Any opposed?

(No response.)

DR. CLARK: Did we have a second? I don't recall having a second, come to think of it.

PARTICIPANT: I second it.

DR. CLARK: All right. It has been moved, seconded, and voted upon. The minutes have been adopted.

There have been several developments at SAMHSA since our last meeting. I guess the foremost issue is that, as some of you are aware, and all of you will soon be aware, the Administrator of the Substance Abuse and Mental Health Services Administration has tenured his resignation as of August 5th of this year, which is roughly six weeks from now.

We are awaiting the appointment of his replacement. In the interim, we do currently have Dr. Eric Broderick, who is the Acting Deputy Administrator. Whether he will be appointed the Acting Administrator is not clear. So once we get greater clarity on these matters, we will let you know.

But I think that is the first item, because it means that there may be some transitions in terms of administrative activities. Probably not budget activities, but again, it would be idle speculation pending the appointment of Mr. Curie's successor.

MS. HEAPS: Dr. Clark?

DR. CLARK: Yes?

MS. HEAPS: I don't know if this is the time. This is Melody speaking.

I think it would be a nice gesture if the

council were to send a letter to Mr. Curie thanking him for his service and his contribution of the vision for recovery.

MS. JACKSON: I'll go ahead and second that motion.

DR. CLARK: It has been moved and seconded that a letter be sent to Mr. Curie from CSAT's NAC thanking him for his program and his priorities.

MS. HEAPS: I would be happy, if you gave me a few weeks, to write a draft that I could send to Cynthia to circulate. Anybody can edit it, and then we'll send it.

DR. CLARK: A few weeks, did you say? Or a few days?

MS. HEAPS: A few weeks. I would have to have a few weeks.

DR. CLARK: Well, maybe somebody will help you. Remember, he only has six weeks left.

MS. HEAPS: I know, I know. Does somebody else want to volunteer?

MS. JACKSON: Well, I could work on it. I could probably do it in maybe ten days or so.

DR. CLARK: That works for me. That's what I was trying to point out, that it is six weeks. So when I hear a few weeks --

MS. HEAPS: Yes.

MS. JACKSON: Why don't you just see if anybody else could email me any particular thoughts as to how -- I think we have each other's emails, don't we?

MS. HEAPS: Cynthia, maybe you could give us a list of all the emails?

DR. CLARK: We can do that.

THE REPORTER: Dr. Clark, excuse me. Could our participants on the phone please identify themselves each time you speak? This is for the transcriber. Thank you.

MS. JACKSON: All right. This is Val Jackson volunteering to do the letter with input from people.

DR. CLARK: All right. We still haven't voted on this, but it sounds like people want to do that. So all those in favor of sending a letter?

(Chorus of ayes.)

DR. CLARK: Anybody opposed?

(No response.)

DR. CLARK: Very good. So Val and Melody will coordinate that. I think it's a great gesture. I agree with you, Melody, that Mr. Curie's leadership has given us some framework, goals, and objectives, and a language that cuts across centers and addresses the populations that we serve. He will undoubtedly appreciate receiving that.

On June 13th, the full House Appropriations Committee approved an FY '07 spending bill for programs at

the Departments of Labor, Health and Human Services. Now, the full House hasn't voted on it.

PARTICIPANT: They may have by now.

DR. CLARK: They may have by now. They were waiting on this issue of minimum wage, and that apparently was addressed yesterday when the House rejected any changes at this juncture in time.

The committee proposal includes a $3.343 billion program level for SAMHSA. This is an increase of $82.9 million, or 2.5 percent above the FY '07 President's budget request.

For CSAT's Programs of Regional and National Significance, CSAT would receive $326.7 million, representing a $72 million cut from the last year's PRN funding, and nearly $48.7 million less than the President's budget request.

The House Committee proposes to maintain the following programs at the FY '06 level. Homeless programs at $34.4 million, minority AIDS at $63.1 million, and minority fellowship program at $531,000.

Changes to program fundings include SBIRT, which would now get $31.2 million for Screening, Brief Intervention, Referral, and Treatment. Methamphetamine treatment programs would be $25 million targeted toward methamphetamine, and grantees may be able to use this for

vouchers should they choose, and $3.7 million for congressional earmarks.

Of significance is no proposed funding for the new Access to Recovery Program that is in the President's budget. The House Committee proposes $1.834 billion for the Substance Abuse Prevention and Treatment Block Grant. This is roughly a $75.4 million increase over the President's request.

In total, CSAT's FY '07 House Committee approved appropriation is $2.161 billion, an increase of $3 million over the FY '06, and a $26.7 million increase over the President's budget.

Due to the committee's action to not fund Access to Recovery and its decision to redirect $75.4 million to the SAPT block grant while funding the meth initiative, the net effect is a restoration of non-ATR PRNS funding.

As of now, the House bill is scheduled today, so we'll just have to wait and see what they do. Remember, this is only the House side. The appropriations bills have to be addressed by both chambers, and then it has to be signed by the President, so this is just preliminary. So we'll wait and see.

SAMHSA is supporting the President's budget and the President's ATR initiative. There is some hope that

perhaps ATR at the full floor will be reinserted in the budget. Should that not happen, then we will have to wait to see what the Senate does.

MS. HEAPS: Dr. Clark, I'm sorry. Somehow the phone wiggled. I didn't get the last three sentences or four sentences about what happened to ATR. Melody Heaps asking.

DR. CLARK: Sure. In the House full committee, there is no funding for a new cohort of --

MS. HEAPS: ATR?

DR. CLARK: ATR. Which would mean that should that be sustained by the full House and then subsequently by the Senate, the bill which the President will be presented would contain no new money for ATR, which would be --

MS. HEAPS: Thank you. I got it now.

DR. CLARK: And I will now highlight developments in our program areas to address the issue of methamphetamine.

As many of you are well aware, this issue of methamphetamine has gained a tremendous amount of media attention and currency not only in rural and frontier states, but on Indian reservations. We've had meetings with a number of tribal entities and tribal governing authorities, and methamphetamine is a problem for them, as

well as for a host of states like Idaho, Montana, and Kansas.

CSAT's Division of State and Community Assistance, with the Division of Services Improvement, recently convened two summits on methamphetamine. The first summit was convened in Los Angeles on April 5th and 7th. The second was in Orlando on May 23rd and 25th. The purpose of these two summits of course was to provide single-state authorities with subsequent information about methamphetamine treatment, epidemiology, and strategies.

The summits were specifically designed for program administrators, clinicians from the front-line treatment, and state agency staff involved in developing, regulating, and funding methamphetamine treatment. There were approximately 765 participants at the two summits, including single-state directors, state agency staff, and others.

The major aim of the summits was to showcase evidence-based methamphetamine treatment approaches and help participants better connect science to practice, thus strengthening the likelihood of positive outcomes for clients with methamphetamine problems.

In an effort to address the impact that methamphetamine has on children and families, SAMHSA co-sponsored a national methamphetamine in child welfare

conference with the Administration of Children and Families' Children's Bureau on May 8th and 9th, entitled "Methamphetamine: The Child Welfare Impact and Response."

The 350 child welfare and substance abuse professionals present also discussed how state child welfare systems are dealing with the influx of more families into their systems as a result of methamphetamine abuse. The conference provided a forum for CSAT to highlight the effectiveness and treatment from methamphetamine and the need for a strong, established collaborative partnership among treatment, law enforcement, and child protective service agencies.

As you know, HHS has asked SAMHSA to address behavioral health factors, including mental health, substance abuse, and suicide prevention, and preparedness response and recovery efforts for all natural and human-made disasters that occur across the nation.

In culmination of our responses to Hurricanes Katrina, Wilma, and Rita, SAMHSA convened a disaster meeting on May 22nd to 24th, 2006 in New Orleans entitled "The Spirit of Recovery: All-Hazards Behavioral Health Preparedness and Response: Building on the Lessons of Hurricanes Katrina, Rita, and Wilma."

I served as the co-chair for the planning of this meeting, along with Kathryn Power. The three meeting

objectives were review lessons from Hurricanes Katrina, Rita, and Wilma, identify opportunities for consolidation of the ongoing response and behavioral health issues, and strategize all-hazard preparedness efforts for future disasters, and there was particular attention paid to the inclusion of substance abuse treatment throughout the plenaries, breakout sessions, and state planning meetings.

Each state, through the governor, was invited to select up to ten participants with SAMHSA supporting five. In addition, national organizations, selected tribes of those that were directly affected by the hurricanes, and federal partners were invited.

There were over 700 participants. Six CSAT staff participated as presenters, facilitators, and moderators. All the PowerPoint presentations and some of the plenary videos will be available on the Disaster Technical Assistance Center website by mid-June at www.spiritofrecoverysummit.com.

We'll get you that, and it should be done by the end of this month. Mid-July, actually. So we will get you the specific number, because we know how web addresses are. One digit or letter off, and you are in Neverneverland. So I want to make sure you get the right one.

Robert Lubran, the Director of the Division of

Pharmacologic Therapies, and Cheri Nolan, the Senior Advisor to the Administrator, participated in the international conference "The Health of a Nation and Fight Against Narcoterrorism" in Moscow, Russia on March 29th through the 31st. I also attended that meeting.

The purpose of the visit was to describe the United States regulatory program for oversight of opioid treatment programs and SAMHSA's role in the implementation of the Drug Treatment Act of 2000, permitting the use of buprenorphine, either Suboxone or Subutex, in detoxification and maintenance treatment of opioid dependence. I spoke to the attendees about the impact of medication-assisted treatment and preventing the transmission of HIV and other infectious disease.

The Department of Health and Human Services hosted a series of 11 tribal consultation sessions across the country during the spring of 2006. The tribal consultation took several forms, including a national budget consultation session that focused on the health and human services budget priorities of tribes, as well as regional consultation sessions which were coordinated by HHS regional directors. Participants in the sessions included tribal leaders from all federally recognized tribes, representatives from HHS operational divisions, and SAMHSA and CSAT staff.

Among all the consultation sessions, the highest priority for attention was given to issues related to suicide prevention, alcohol abuse and dependence, the widespread abuse and dependence on methamphetamine with associated criminal justice and child welfare issues, and the concern that tribes are having difficulty winning competitive grants.

SAMHSA has developed a draft tribal consultation policy which has been distributed for comment, while the FY 2007 President's budget includes almost $3 million for a new American Indian/Alaska Native youth suicide prevention initiative.

On March 16th through the 18th, SAMHSA sponsored a three-day conference with the Therapeutic Communities of America in Washington, D.C., "The Road Home: The National Behavioral Health Conference on Returning Veterans and Their Families," which brought together over 1,000 representatives of federal, state, public, and private service providers. The participants sought to explicate the needs and challenges of all veterans, particularly service members returning from Iraq and Afghanistan, and increase coordination, linkages, and collaboration across communities of service providers to address those needs.

We really stress that while the VA and DOD are

the principle service providers, there are a number of individuals for several reasons who would receive care from community providers, and we wanted community providers to be able to reinforce the safety net created by DOD and DVA.

DSCA offered a series of intensive trainings on motivational enhancement therapy and cognitive-behavioral therapy for adolescent cannabis users, five sessions. The primary aim of the two-day training was to provide detailed guidance on how to implement this brief intervention model of treatment in the participant's program. Seven such trainings will occur. They started in April, and the last one will be later this month. We anticipate about 230 people will be trained.

We are particularly pleased to share with you that the 2005 Recovery Month television campaign has been in the top 3 percent by number of plays among the 477 to 497 campaigns being monitored by Nielsen from December 26th to April 30th. It ranked 11th out of 486 campaigns Nielsen monitored, putting it in the top 2.2 percent.

The United States Senate has introduced a bill which includes a provision that would significantly affect the 30-patient limit established under the Drug Addiction Treatment Act with regard to buprenorphine. Currently DATA, the Drug Addiction Treatment Act, limits the number of patients that a physician can treat to no more than 30

patients at any one time.

The Senate bill is called S.2560, which would reauthorize the Office of National Drug Control Policy. It includes a section that would amend the Controlled Substances Act by permitting a physician with a DATA waiver to submit a second notification to the Secretary of HHS to treat more than 30 patients.

The Partners for Recovery initiative is sponsoring a national conference for leaders of addiction services on July 24th and 25th. This conference is to recognize the first year of graduates of the PFR/ATTC-sponsored Leadership Institute being conducted at 13 ATTCs across the nation.

Joining the graduates will be members of the PFR Steering Committee, who are themselves current leaders in the field of addiction prevention, treatment, and mental health services. Opportunities for networking and cross-fertilization among current and future leaders are planned throughout the two-day event, and Maestro Benjamin Zander, conductor of the Boston Philharmonic, has graciously accepted our invitation to give a two-hour presentation on the topic of leadership.

On July 12th to 14th, SAMHSA, in partnership with the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, will host the

2006 National Conference on "Women, Addiction, and Recovery: News You Can Use," in Anaheim, California. This two and a half day conference will advance the field of women's substance abuse treatment by presenting the latest research and discussing how it can be applied and implemented to improve clinical services.

The Director's report will also be electronically transmitted to members following this meeting, and will be available to anybody else who wants it.

We are working with the Office of National Drug Control Policy to co-sponsor meetings on methamphetamine. They will be holding regional meetings, the first of which will be July 13th and 14th in Birmingham, Alabama.

Recently, SAMHSA participated in NASADAD's annual meeting, where we met with the single-state authorities, the prevention authorities, and methadone authorities to discuss a wide range of issues directly affecting states.

We also plan to have, at the end of July, a meeting with grantees on ATR where we will discuss the progress ATR has made and the future of the initiative.

So that is a lot of the stuff that we have been doing. Any questions?

(No response.)

DR. CLARK: No questions.

Michele Westbrook, are you there?

THE OPERATOR: Yes, sir, she is here. I will open up her line for her presentation.

DR. CLARK: Open up those lines. Michele, are you there now? The line is not open yet.

MS. WESTBROOK: Hello?

THE OPERATOR: Ms. Westbrook's line is open.

DR. CLARK: Since we will not have a face-to-face meeting before Recovery Month, Michele Westbrook in our Office of Consumer Affairs is on the line and will provide an update on the plans that are well underway for 2006 Recovery Month activities.

Michele?

MS. WESTBROOK: Hi. Good afternoon. How are you?

I just wanted to give you a real quick rundown on some of the things that we're going to be doing in 2006 for anybody who is new. This is going to be the (inaudible) year of the observance for National Alcohol and Drug Addiction Recovery Month, and the 2006 theme is "Join the Voices for Recovery: Building Stronger, Healthier Communities."

September is the dedicated month for Recovery Month, and Recovery Month highlights valuable benefits of

substance abuse treatment, valuable contributions of treatment providers, and promotes the concept that recovery from substance abuse in all its forms is possible.

We have been working with hundreds of national and local organizations across the country to come up with the theme and the materials that we'll be using. We created 75,000 tool kits, which were delivered to CSAT on May 23rd, and I'm happy to say that we have less than 4,000 left in stock. So they are going fast and furious to get into the hands of those who will be using them for Recovery Month events and celebrations.

With a website, which is www.recoverymonth.gov, we have just been notified that we won a Gold Screen Award of Excellence from the National Association of Government Communicators. So we are happy to have that. That was for the 2005 site, a 2006 award.

We have already had over 5 million hits on the site since January. So people are out there. They're looking for information, they are trying to decide about their lives, and they're looking for resources and at the webcast, and downloading the tool kits.

We are having an average length -- people are spending about 20 minutes and 28 seconds on the site per visit. So obviously, we are providing information that they find useful, because they are staying and they are

coming back.

We have already 100 events posted online. The last time I checked, there were 16 states that did not have events posted, and that has dramatically dropped since then. We have been adding them by the day. I probably have been doing about five or six a day now.

We have 10 proclamations from governors and mayors throughout the country, and 29 Voices of Recovery posted. The Voices of Recovery are people who have volunteered to tell their stories of recovery, whether it be that they are in recovery or a family or friend. It's online, and we have their full consent that says that they have agreed to be on there. So 29 people are coming to tell their stores and share them, and so we think that's wonderful.

The webcasts, we have produced already six to date. They have been aired. We have another four more coming out. They air the first Wednesday of each month. You can watch them online, download them, or order them. They are panel presentations with four panelists and a host. We go out and we do case studies and talk to people in the field. They are used for educational purposes.

They are also used by cable markets. We are currently in more than 264 unique cable markets throughout the country and in about 14.6 million households. When I

say unique cable markets, what exactly we are talking about is cable in Washington, D.C. Washington, D.C. has two cable stations within the city that both play these webcasts. We count them as one unique market. So there are more than 254 stations carrying them, but we are in 254 markets.

We are initiating a new way of dissemination of the information by starting podcasting. We have trailers that come up. It's kind of a here is what you are going to see. It's an advertisement for the webcast. They will be automatically downloaded to people's podcasts the last day of the month. So for instance, if we get an initiative, it will come out the last day of June for the July 5th presentation of the webcast.

So people will get that to remind them to watch it, and then the podcast will automatically be downloaded when we get that into the technology. So people will automatically receive these shows and not have to go online anymore. That's a new technology by way of dissemination that we're working with.

The public service announcements, Dr. Clark mentioned that CSAT in 2005 produced the top percentage for Nielsen, which we're extremely happy about, and the new ones are coming out. They will be distributed to television stations throughout the nation on June 28th, and

the radio will be distributed to stations on July 7th.

We have been in collaboration with the National Association of Broadcasters to distribute the television and radio as well. They have taken the Recovery Month tool kit, and they have made a director kit. So that will go out to all the public service station directors to talk about what is Recovery Month, why is it important for the local community to get involved, and why is the media taking an active role.

They can order all of the PSAs from either NAB or through our organization, and then they will also have a satellite downlink on their website of the PSAs. So that is yet another way for us to distribute these. They will all be tracked, so we'll have the numbers in place shortly.

Another component of this year's Recovery Month is the sponsored event. I am happy to say that we have the first annual Recovery Month Walk/Run. That is being held on September 27th around the grounds of the SAMHSA building at Choke Cherry. This is a new event that was planned by one of the staff members in the Office of Consumer Affairs.

We are sponsoring three Recovery Rides in California, Ohio, and New England. Anita Bertrand is handling the Ohio ride, and they are doing that on September 30th, so thank you.

MS. BERTRAND: You're welcome.

MS. WESTBROOK: We are also doing 25 additional sponsored events. There are 10 what we call (inaudible) events which are held throughout the country. They are for the general population. They range from walks and runs to forums, conferences, and exhibits. We have some art shows. We also have 15 additional minority events, and those are through contractors that handle minorities, such as for African American, Asian Pacific, Hispanic, and Native American.

So we are fast and furiously running through 2006 to September. We just did all of the artwork for 2007. So we are moving through this year and moving onto next year. I look forward to talking to you at your next meeting to tell you how wonderful 2006 ended up.

Does anybody have any questions?

MS. JACKSON: Val Jackson. I don't have a question, because I think what you reported was very comprehensive. I really want to congratulate SAMHSA, CSAT, and you and the folks who are working with you on the continuation and expansion of Recovery Month.

I think that it is critically important for us to give our nod of approval and participation as Anita is doing and I'm sure several other people are doing, because as we all know, we need a brand name called "recovery," and branding is all-important in this world. I think that this

will really help set that particular initiative.

I really thank you for your work, Michele.

MS. WESTBROOK: Thank you.

DR. CLARK: Any further comments on Recovery Month?

(No response.)

DR. CLARK: Well, thank you, Michele.

MS. WESTBROOK: Thank you.

DR. CLARK: And if there are Recovery Month activities within your state or a nearby state, we hope you are able to participate.

With the ending of Michele's comments, we will enter a period for public comment. If there are members of the public who wish to make comments at this time, the operator will now take you out of the listening mode. Please wait for the operator to announce you before beginning to speak.

THE OPERATOR: +You want all of the public lines opened or just one at a time, sir?

DR. CLARK: All of them.

THE OPERATOR: All right. All the lines are open. Ms. Alison Smith, Mr. Malcolm Spicer, Ms. Nancy Clark, and Ms. Lorie Garlick.

DR. CLARK: Any public members with comments?

(No response.)

DR. CLARK: If there are no public members who have a comment, I want to thank you for listening in and thank you for your participation. That will take us then to the council roundtable. We don't want to close this meeting without providing an opportunity for council members to discuss issues that may be of concern to them.

Council members?

MS. HEAPS: This is Melody Heaps. Dr. Clark, I know you know, because Theodora Binyan Taylor, our SSA Director, has been in touch with you. The issue of heroin/fentanyl in Chicago is becoming an increasing public health crisis.

Next month, Congressman Danny Davis tasked the Cook County medical director, Cook County Hospital medical director, the head of the Illinois ASAM, and some treatment people will be -- well, we've called a press conference to talk about it from a public health standpoint, and also to ask for more money for treatment.

I just wondered if you could talk in general as to what your interactions have been not only with Illinois, but with I guess Detroit, St. Louis, Philadelphia, New York and maybe D.C. or some other city. Maybe Boston. Are they experiencing this?

DR. CLARK: I'm glad you raised that. We have actually been working in concert with CDC, DEA, Office of

National Drug Control Policy, and local law enforcement and public health authorities in local jurisdictions.

We have been aware of this. We also sent out a broadside to our grantees, to opioid treatment programs, and to state authorities informing them about the phenomenon and encouraging those who have contact with individuals who use heroin or who may know individuals who use heroin to be aware that somebody is poisoning their heroin with fentanyl.

As you know, one of the problems with fentanyl, especially as we have subsequently determined that some of it is illegally made, is that it is hard to use it as a -- to cut it, as it were. So what you get is a very small amount which is very potent. The people selling it or giving it away wind up killing people as a result of it because they can't just boost the heroin, which is their apparent intent. What they wind up doing is killing off their customers, which obviously is bad for their business.

We had a meeting the Office of National Drug Control Policy convened, and at that meeting, representatives from DEA, NIDA, CDC, and Department of Justice, were all present. There was a subsequent meeting about a week ago in Chicago. Law enforcement convened with the FBI, the DEA, and others, local law enforcement, sheriffs and police, and we sent a staff person to that

meeting.

So we have been actively involved in highlighting discussion and making sure that people were aware that this is happening. Some of you are also aware that there was an arrest, a fairly broad arrest yesterday. Whether these are the only individuals involved in the fentanyl/heroin debacle or were they just part of it, we'll have to see. But I'm glad to see that people in Chicago are having such a meeting.

There are a number of issues involved in this. For instance, medical examiners don't often check for fentanyl. Heroin overdoses are generally treated as heroin overdoses. Detroit, it turned out that Wayne County's medical examiner did periodic or random checks of other narcotics and discovered the fentanyl connection. Then people went back and looked at a number of other states of sudden death and discovered that fentanyl was present.

So it involves Camden, New Jersey, Pittsburgh, Philadelphia, Detroit, Chicago, and St. Louis, and apparently there was a network or a gang that controlled that corridor and was producing this.

But anything that we can do within our resources, we are perfectly willing to cooperate with respect to jurisdictions. We talked to Michigan, we talked to Theodora Binyan. She was going to have a meeting. We

have offered our limited resources to support any subsequent activity.

This is both a local and regional matter, but we all have to work together. As we pointed out, that is what keeps us restricted to that corridor, but some thinly veiled barriers. If we don't deal with this collectively, then we've got a much larger problem.

MS. HEAPS: Right. Just for a moment, I will be happy to send to you the press release of the talking points so that you are aware of what is happening here from a public standpoint, Dr. Clark.

The other issue for us in Chicago, and I don't know if this is true in the other areas, and this is a sad thing to say, but part of the reason that this has gotten such dramatic play is that young suburban youths have been coming into the city and dying. The son of a police chief of one of the suburban districts, suburban areas, died.

So it does allow us to get the message out that this is everybody's problem. We are taking, while there is an immediate crisis of fentanyl, we use the position that this is the drug of the day. There will be new drugs to come, and until we deal with a broad-based policy that looks at treatment for addiction and allows us to have support resources for it, we are going to be constantly following new drug crises.

But yes, Theodora Binyan Taylor has been doing a wonderful job trying to organize the community behind this. We have talked with the DEA. Our concern from the DEA law enforcement is that some of us would like to know, do they think that the gang distribution networks and the manufacturing will subside, that this may be just a temporary phase, or is this going to be a new market?

Some of the addicts on the street are actually seeking this drug out because of its potency, I suppose because it gives such a powerful high and they think the police are just saying all these bad things about fentanyl when really there is nothing wrong with it. It is a real problem.

DR. CLARK: And one of the other things that we've been struggling with here is how do you communicate with the addict on the street.

MS. HEAPS: Right.

DR. CLARK: And so we have involved peer groups in that dialogue, because indeed what is logical to someone who is a non-user may not be logical to someone who is a user. So we understand, and Theodora pointed out that they initially put up fliers and had to take them down because the fliers were functioning as magnets for people looking for the drug.

MS. HEAPS: Right.

DR. CLARK: We just need to figure out how to put this thing in proper language, some social marketing, so that the language that we use when we are telling people, you know, people are dying. It resonates with them as opposed to, "Let me get this stuff. It sounds good."

MS. HEAPS: Right. Exactly, and the concern I have, depending on how the -- and the DEA will be able to tell you this. I have asked that they at least talk to us about whether, not only for our specific sector, but whether the gang distribution see this as a potent enough project that they are now going to try like we have done with other drugs, spread it out. In other words, move to other sectors.

Certainly the corporate configurations of the gangs that are distributing this are so sophisticated, that that is clearly possible. So we are kind of holding our breath on that from a national standpoint.

DR. CLARK: Again, ONDCP, Scott Burns, has taken the leadership at ONDCP to make sure that we have an interagency focus. Mr. Walters' aide, Dave Murray, just presented last week -- well, actually yesterday -- before Representative Kennedy and Ramstad's meeting on methamphetamine and the fentanyl overdose.

So again, we all are working in partnership, and I think that's the key issue. So I appreciate your

offer, and any ideas or suggestions that you might have.

I'm particularly interested in this communication issue. How do I communicate with individuals whose motives may be paradoxical to my own, and my own is a public health one, trying to make sure that people don't die, as opposed to trying to figure out just how much to use so that you don't die.

The problem with fentanyl is the unsophisticated person can't do that, and then producers themselves are unsophisticated with that regard, because it is hard to cut.

MS. HEAPS: There are two things, and then I will shut up about this. We are having recovery people at the press conference to talk. Dr. Jennifer Smith is the SBIRT director for Cook County Hospital. The SBIRT clients have been affected by this. There have been at least 17 people who have tried to get in treatment programs that are part of SBIRT and have not been able to, and have had overdose experiences in the last few months. So we've got a real problem that affects all of us.

So I promise to keep you directly, I presume, informed, and send you materials. Theodora knows all about this, and we are working in conjunction with her.

DR. CLARK: And your point is well taken. I will make sure that my staff is apprised of this. Anne

Herron is here. Anything that we can reasonably do, we will do, because again, we were alarmed initially. We started doing what we could do.

We are also now hosting weekly phone calls with CDC and others who are interested in dealing with this matter from the federal point of view. But again, it requires a partnership that is local as well as federal.

Thank you very much for your offer.

MS. HEAPS: You're welcome. Let's keep it up. Thank you.

MS. BERTRAND: Dr. Clark, this is Anita.

DR. CLARK: Anita.

MS. BERTRAND: In our September meeting, can we have an update on this matter?

DR. CLARK: Sure. We'll put it down on the agenda. Cynthia is writing furiously.

MS. BERTRAND: Dr. Clark, as you know, I'm going to have to sign off. Thank you for allowing me to speak on this as well.

DR. CLARK: All right.

MS. BERTRAND: Thank you, everyone.

DR. CLARK: Anything else? Anybody else? Any other topics?

(No response.)

DR. CLARK: Well, I want to thank you. If I

may repeat myself, I'm grateful for the advice and service you provide to CSAT. I hope that when your terms of services end on the council, you will walk away knowing that you've made a valuable contribution to the field through the CSAT National Advisory Council.

This council has been very helpful to us. I just want to tell you I can't say enough that I have appreciated the kind of partnership that we've been able to forge over time.

I need to remind you that we do have another teleconference meeting scheduled for August 30th for grant review only. We have six more programs to review, and need to accomplish the review at the August meeting.

The next face-to-face meeting is scheduled for September 20th and 21st. Plans are underway for what promises to be an excellent meeting. We will add Anita's request to that.

I want you to enjoy your summer, and remember we are here to serve you.

MS. JACKSON: This is Val. I think that we are supposed to have an e-therapy conference call.

DR. CLARK: E-therapy is after this. So we will have that discussion after this.

If there is no further business, I'll entertain a motion to adjourn.

PARTICIPANT: So moved.

PARTICIPANT: Second.

DR. CLARK: It has been moved and seconded that we adjourn. All those in favor?

(Chorus of ayes.)

DR. CLARK: This meeting is adjourned. We will deal with subsequent business shortly. Thank you.

(Whereupon, at 12:28 p.m., the meeting was adjourned.)